

2015 Town of Halfmoon Summer Camp Registration

Mailing Address _____ City _____ Zip _____

CAMPER INFORMATION:

Child's Name				
Grade (Entering in the Fall)				
D.O.B				
Age (As of 6/29)				
Sex (M or F)				
Attend last year?	Yes ____ No ____	Yes ____ No ____	Yes ____ No ____	Yes ____ No ____
Doctor Name & Phone Number				
Medication Information (allergies, current medications, serious limitations, medical problems, any special situations our staff should be aware of)				
Ethnicity (circle one): White Black Asian Hispanic American Indian Other				

LEGAL GUARDIAN/ EMERGENCY CONTACT INFORMATION (REQUIRED)

<u>Relationship</u>	<u>Name</u>	<u>Primary Phone #'s</u>
_____	_____	(1)_____ (2)_____ (3)_____
_____	_____	(1)_____ (2)_____ (3)_____
_____	_____	(1)_____ (2)_____ (3)_____

PRIMARY E-MAIL ADDRESS: _____

AUTHORIZED PICK-UPS (not listed above)

<u>Relationship</u>	<u>Name</u>	<u>Primary Phone #'s</u>
_____	_____	(1)_____ (2)_____
_____	_____	(1)_____ (2)_____
_____	_____	(1)_____ (2)_____

Are you planning on using bus transportation? Yes ____ No ____ Guardian Initials: _____

* Bus Information is for a staff member to complete, please leave **BLANK** *

<u>AM STOP</u>		<u>PM STOP</u>		Bus Driver's Initials _____
-----------------------	--	-----------------------	--	-----------------------------

RECREATION STATEMENT

All sections must be completed in order to participate in the Town of Halfmoon Program

** Authorized Participation **

I, _____ parent / guardian of _____ certify that my child / children can participate in the 2015 Summer Recreation Program with the Town of Halfmoon. I further agree that if he / she becomes injured, the Town of Halfmoon and the Town of Halfmoon Recreation Department, through it's servants, officers, employees, or agents, may obtain emergency medical treatment / and transportation as deemed necessary by them to provide individual safety and well being. I further understand that the Town of Halfmoon will first attempt to contact me at the numbers listed on the registration form to obtain consent for treatment if the conditions and time permits.

** Waiver Statement **

The undersigned states that he/she understands that the Town of Halfmoon is not and shall not be responsible for or liable for any illness, injury to person or damage to property resulting from the program, activities occurring during the program and/ or transportation during the program, and the undersigned hereby releases and holds harmless the said Town of Halfmoon from all claims of any kind that the undersigned or his/her heirs, executors, administrators, or assigns may have either individually or as a parent and natural guardian for any claim that has resulted from the child's participation in the said program. Also, the undersigned waives any and all claims that he/she alleges or his/her heirs, executors, administrators, or assigned may have or claim to have resulting from a photograph (black/white or color) or video taken of said person while participating in the program.

** Indemnification Waiver **

I, _____, hereby agree to indemnify and hold the Town of Halfmoon, it's employees, servants, officers and agents free and harmless from and against any and all losses, liabilities, causes of action, all other types of claims of every kind and character arising out of, relating to, and occurring either directly out of the use of any or all of the Halfmoon facilities, parks, municipal buildings, streets, highway or other lands by the undersigned either as individuals / parents of minor children or as member of a group or as result of any acts and or omissions including negligence by the Town of Halfmoon, it's officers, servants, employees, and agents. I further agree to investigate, handle, respond to, provide defense for and defend any such cause of action, loss or other claims at my sole expense and agree to bear all other costs and expenses related there to.

*** I Have Read & Understand the Registration, Authorized Participation and Waiver Statement and Indemnification Waiver.** I understand that if any clause, sentence, paragraph, section or part of the Recreation Statement is judged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, section or part there of directly involved in the controversy in which such judgment shall have rendered.

This _____ Day Of _____, 2015 (Registration Invalid Without Signature)

Signature

Printed Name

Please READ and INITIAL next to each sentence to acknowledge

1. _____ I have received a brochure / parent handbook and have read, understood, and acknowledge the policies/rules of the Halfmoon Recreation Program and will explain them carefully to my child(ren). I understand that if any inappropriate behavior is displayed, my child (ren) will be dismissed from the program and no fees will be refunded.
2. _____ The included Medical information and Immunization Records are all up to date, true and exact. The Town reserves the right to require an aid be present to assist in the care of any child participating in the program as deemed appropriate.
3. _____ I have received all (3) permission slips. I understand the 1st slip for weeks 1-2 must be completed and turned in by **June 5th**, 2nd slip for weeks 3-4 by **July 1st**, and the 3rd slip for weeks 5-6 by **July 15th**. I understand that once turned in, **NO** changes can be made.
4. _____ I acknowledge that it is my responsibility to know what each trip requires (i.e. waivers, lunch, socks & sneakers) and understand that if my child does not come to camp with required items they will not attend the trip that day.
5. _____ I give my child (ren) permission to carry and use sunscreen at camp. The staff will only apply sunscreen provided by the parent.
6. _____ I understand the Town will **NOT be issuing refunds for missed trip** unless the trip is cancelled by the Director or vendor **AND** the refund must exceed \$25 per family.
7. _____ I acknowledge that after June 5th, my child will remain in the grade level specified on the registration packet. Any switching after this date will result in re-registration of the child at the double fee. I also acknowledge that I need to submit in writing asking for my child to be switched before deadline.
8. _____ I acknowledge that PM transportation will NOT be provided for children attending Wednesday long trips (7/8, 7/22, 8/5) therefore I will need to pick my child up from the Pavilion. Any authorized person (s) must have a photo ID and acknowledge that the child must be signed out.
9. _____ I understand that any additional authorized pick-ups must be submitted in writing before allowed to pick up and I will make sure they provide a photo ID when picking up my child.
10. _____ I acknowledge that Halfmoon Recreation is required to transport my child (ren) to and from all trips and lessons. I further acknowledge that I will not be able to drop off/pick up my child (ren) from any trips or lessons.
11. _____ I acknowledge that if I am not at the PM bus stop when the bus arrives, my child(ren) will be transported back to the Clubhouse site for parent pickup. If this is a recurring issue, it is at the Director's discretion to remove bus privileges.
12. _____ I acknowledge that if my child is in: **1st – 2nd** I will wait with them at the bus stop in the morning and will be at the stop in the afternoon to pick up. **3rd – 5th** I will wait with them at the bus stop in the morning and will be at the stop in the afternoon to pick up unless I sign the waiver below. **6th – 10th** I am **not required** to wait at the bus stop in the morning or afternoon.

Grades 3rd – 5th ONLY: My child has permission to walk home from the bus stop without waiting for me to pick up. _____

(Parent Signature)